



Teams of movers assist staff from the 6 East cardiac telemetry unit during the June 2 move to 3 West at Brooke Army Medical Center.

Photo courtesy of SAMBIO

Hospital's internal moves driven by BRAC

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Moving inpatients within Brooke Army Medical Center in conjunction with Base Realignment and Closure renovations is similar to a game of chess.

Much time is spent on strategy, since each piece of the move has a ripple effect through the healthcare system. Advance preparations, meetings, training and communications are worked out before the first move occurs.

The internal moves at BAMC are part of the BRAC transition of inpatient services from Wilford Hall Medical Center. By Sept. 15, BAMC officials expect the inpatient census will double as the hospital takes on the additional workload from WHMC.

Numerous inpatients were transported safely to new locations inside BAMC in June as the facility internally realigned and opened additional wards for strategic posturing of BRAC end-state inpatient services. Beds are closing at Wilford Hall through attrition.

Throughout the process, “the most important rule is patient safety,” said Army Col. Lawrence Crozier, BRAC nursing integrator.

Teams of four to six people, including movers and hospital staff members, accomplish the moves physically. Clinical staff are assigned to patients, and stay with them and any visiting family members throughout the move, Crozier said.

“Staffers are educated to tell patients the day before the move that they will be moving, and the process is explained to them,” he said.

On June 6, some 24 patients, many of whom were attached to cardiac monitors, were moved from the 6 East cardiac telemetry unit to 3 West.

“It was well planned and coordinated,” Crozier said. “Our primary concern is the safety and comfort of the patients during these moves.”

When patients are moving into empty, renovated rooms, everything in their hospital room is picked up and transported to the new space.

On move day, patients may have the experience of being in their bed, watching TV in the morning, when their team arrives, Crozier said. Each person on the team is responsible for handling specific items, such as furniture or equipment. A security guard holds an elevator for those in transition, and everything that was in the room is moved at the same time, onto an elevator and then into a new hospital room on a different ward.

“Fifteen or 20 minutes later, patients are settled in their new room, watching TV again,” Crozier said. Family members often offer to assist in the process, carrying personal items belonging to the patient and accompanying the team through the hospital.

Whenever feasible, a unit or ward begins the transition phase to new space by having new admissions reduced to limit the number of patients who must be moved, Crozier said. As patients are discharged from a unit that is scheduled to relocate, the empty beds are closed.

On June 10, staff and patients moved from the 2 West surgical ward to 7 East, where the number of beds was increased to accommodate additional patients. Since the patients formerly on 2 West were moving into rooms that already were outfitted with equipment and furniture, their beds and personal belongings were transferred to the new rooms. The move completed 7 East's transition to 29 medical-surgical beds.

Patients in 28 beds in the 2 East surgical telemetry ward moved to 2 West on June 13. Following renovations, including the installation of new monitors, 2 East will reopen at a later date. The moves consolidated all monitored patients on the hospital's second and third floors.

Additional ward movements are expected later this year when the new Consolidated Tower is completed.

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